



**COMMONWEALTH OF KENTUCKY  
PUBLIC PROTECTION CABINET  
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION  
DIVISION OF PLUMBING  
101 SEA HERO ROAD, SUITE 100  
FRANKFORT, KENTUCKY 40601-5405  
(502) 573-0397 FAX (502) 573-1058**

**APPLICATION FOR LICENSE AS MASTER PLUMBER**

I hereby make application for examination and license as a Master Plumber. The exam fee of \$150.00 is enclosed.  
A SIGNED RECENT PHOTOGRAPH MUST ACCOMPANY THIS APPLICATION.  
ALL QUESTIONS ON THE APPLICATION MUST BE ANSWERED. PLEASE TYPE OR PRINT ANSWERS.

<p>1. Are you an engineer registered in Kentucky?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have experience in mechanical engineering?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list your experience on a separate sheet and attach it to this application.</p>	<p>5. NAME: _____ (First) (Initial) (Last)</p> <p>Address: _____ (Street, Route or Box Number)</p> <p>City _____ State _____ Zip _____</p> <p>County: _____</p> <p>Social Security Number: _____</p> <p>Birthdate: _____ Height _____ Weight _____</p>
<p>2. Are you a Master Plumber in another state?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list each state and date you were first licensed:</p> <p>_____ Date _____</p> <p>_____ Date _____</p> <p>_____ Date _____</p>	<p>6. Were you licensed as a Journeyman before you received a Master Plumber's License in another state?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>3. Are you currently licensed as a Journeyman in KY or in another state?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list each state and date you were first licensed:</p> <p>_____ Date _____</p> <p>_____ Date _____</p> <p>_____ Date _____</p>	<p>7. Are you a U.S. Citizen?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If not, have you filed for naturalization papers?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. How long have you worked at the business of Plumbing?</p> <p>_____ Months _____ Years</p>	<p>8. Have you previously applied for Master Plumber's License in the State of Kentucky? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Last Examination: _____ Month / Year</p> <p>Results of Examination: _____</p>

9. State the extent of your education (including training, trade school, correspondence courses, etc.). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Give name and complete address of last three employers.

Name of Employer: \_\_\_\_\_ From \_\_\_\_\_, 20 \_\_\_\_.

Address: \_\_\_\_\_ To \_\_\_\_\_, 20 \_\_\_\_.

Name of Employer: \_\_\_\_\_ From \_\_\_\_\_, 20 \_\_\_\_.

Address: \_\_\_\_\_ To \_\_\_\_\_, 20 \_\_\_\_.

Name of Employer: \_\_\_\_\_ From \_\_\_\_\_, 20 \_\_\_\_.

Address: \_\_\_\_\_ To \_\_\_\_\_, 20 \_\_\_\_.

Applicant's Signature: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Area Code) Number

Commonwealth of Kentucky

County of \_\_\_\_\_

The applicant, whose name is, \_\_\_\_\_, being duly sworn declares that the foregoing statements subscribed to by him/her are true to the best of his/her knowledge and belief, and that he/she has personally signed this application.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Date of Examination: \_\_\_\_\_, 20 \_\_\_\_.

Written: \_\_\_\_\_ %

Chart: \_\_\_\_\_ %

Practical: C. \_\_\_\_\_ S. \_\_\_\_\_ %

General Average: \_\_\_\_\_ %

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Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate Size  
2" x 2 3/4"

Applicant's Photo

No Staples Please